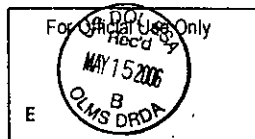


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="06050"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Harold"/> <input type="text" value="A"/> <input type="text" value="Schaibberger"/> P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 200"/> Street <input type="text" value="1750 New York Avenue, N.W."/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006-5395"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="International Association of Fire Fighters"/> Labor Organization File Number <input type="text" value="000-317"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 200"/> Street <input type="text" value="1750 New York Avenue, N.W."/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006-5395"/>
5. Position in labor organization. <input type="text" value="General President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="5-15-06"/>	<input type="text" value="202 824 1501"/>
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Woodley & McGillivray

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 1125 Fifteenth Street, N.W.

City Washington, D.C.

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Legal services

11.b. Approximate dollar value of such dealing.

\$2,000,000

12.a. Nature of interest held or income received.

Dinner on 4/10/05	\$166
Dinner on 10/5/05	\$170
Xmas gift basket	\$150

12.b. Amount.

\$486

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Harold Schaitberger

File Number U- 06050

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SF&C Insurance Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 101

Street 7400 York Road

City Towson

State Maryland ZIP Code + 4 21204

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Insurance broker

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Dinner on 4/24 \$150

Dinner on 7/29 \$150

12.b. Amount.

\$300

Name of Person Filing Harold Schaitberger

File Number U- 06050

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Kelly Companies

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Road

City Cheverly

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Printing and convention services

11.b. Approximate dollar value of such dealing.

\$2,045,725

12.a. Nature of interest held or income received.

Dinner on 12/1	\$150
Xmas gift	\$180
Xmas gift	\$120

12.b. Amount.

\$450

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Monitoring and Evaluation Services Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3375 Park Avenue

City Wantagh

State New York ZIP Code + 4 11793

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Pension consultant

11.b. Approximate dollar value of such dealing.

\$40,000

12.a. Nature of interest held or income received.

Xmas gift \$250

12.b. Amount.

\$250

Name of Person Filing Harold Schaitberger

File Number U- 06050

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Financial Innovations, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Weingeroff Blvd.

City Cranston

State Rhode Island

ZIP Code + 4 02910

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides advertising and promotional products

11.b. Approximate dollar value of such dealing.

\$607,000

12.a. Nature of interest held or income received.

Concert tickets on 4/1 \$160

Dinner on 11/29 \$150

Xmas gift \$310

12.b. Amount.

\$620

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 220

Street 1370 Piccard Drive

City Rockville

State Maryland ZIP Code + 4 20850

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Computer services

11.b. Approximate dollar value of such dealing.

\$517,360

12.a. Nature of interest held or income received.

Dinners in January, April, September and Dec. @ \$100
Xmas gift \$350

12.b. Amount.

\$750